



September 2018 HFA/RCA Course Application
Course Offering Subject To Minimum Class Size of 12

I am applying for the HFA Course I am applying for the RCA Course

If you are not affiliated with a facility or you are paying for this course on your own, please include only your home information.

Name:

Address:

City: State: Zip:

Phone: Email:

If you are affiliated with a Health Facility and that facility is paying for this course, please complete the following:

Facility Name:

Facility Address:

City: State: Zip:

Will your facility pay the tuition? Yes No. If yes, will the Facility need an invoice? Yes No

Is your facility a HOPE, INALA or LeadingAge member? Yes No Which Association:

PAYMENT METHOD:

Only my check for the \$1,000 non-refundable deposit is included. Deposits are Due 07/31/2018. Final Payment Balance is due 08/24/18. If minimum class size of 12 is not met, the \$1,000 deposit will be returned by September 30, 2018.

My full payment by check (PAYABLE TO HOPE) is included (RCA tuition is \$2,500. HFA tuition is \$3,500.) Full Payment is due 08/24/18. If minimum class size of 12 is not met, your fee paid will be returned by September 30, 2018.

Please charge my full payment to VISA or MASTERCARD. There will be a 3.75% surcharge for a credit card payment.

Credit Card #: Exp Date:

3-digit Security Code: Card Type: Name on Card:

Billing Address, State, Zip Code:

Send correspondence to my home address Send correspondence to my facility address

EDUCATION:

High school: School:

College: School: Degree:

Post Grad: School: Degree:

MAKE CHECKS PAYABLE TO: HOPE

Mail to completed form and payment to: Hoosier Owners and Providers for the Elderly
101 West Ohio Street
Suite 2000
Indianapolis, Indiana 46204